

State Agency Contact Form

AGENCY INFORMATION

Name of Agency: _____

Agency Address: _____

Daytime Contact (Primary)

Name: _____ Phone Number: _____

Email: _____

Daytime Contact (Alternate):

Name: _____ Phone Number: _____

Email: _____

Night Time Contact (Primary)

Name: _____ Phone Number: _____

Email: _____

Night Time Contact (Alternate):

Name: _____ Phone Number: _____

Email: _____

ALTERNATIVE SERVICE OPTIONS

- ☐ Continue night contact procedures
 - ☐ Leave mail at alternate site
 - ☐ Name of Alternate Site: _____
 - ☐ Return Mail to IMS Mailroom. IMS will contact you for alternate arrangements
 - ☐ Other: _____
- _____

RECOMMENDED DELIVERY FREQUENCY

DAY TIME ROUTES

- ☐ Monday, Wednesday, Friday
- ☐ Tuesday, Thursday
- ☐ Everyday
- ☐ Email Notification Only

Special Instructions: _____

NIGHT TIME ROUTES

- ☐ Monday, Wednesday, Friday
- ☐ Tuesday, Thursday
- ☐ Everyday
- ☐ Email Notification Only

Special Instructions: _____

BILL TO ACCOUNT (If known): _____

Any question should be addressed to Tiffany McKenzie or Robin Holmes at 803-898-9924